


ALLOWANCE OF CLAIMS

I HEREBY CERTIFY THAT EACH OF THE ABOVE LISTED CLAIMS AND THE INVOICES, OR BILLS ATTACHED THERETO,
ARE TRUE AND CORRECT AND I HAVE AUDITED SAME IN ACCORDANCE WITH IC 5-11-10-1, 6.

July 30, 2010


JUDITH C. RHODES
FISCAL OFFICER

WE HAVE EXAMINED THE CLAIMS ON THE FOREGOING REGISTER OF CLAIMS, CONSISTING OF _____ PAGES, AND

EXCEPT FOR CLAIMS NOT ALLOWED AS SHOWN ON THE REGISTER SUCH CLAIMS ARE HEREBY ALLOWED IN THE

TOTAL AMOUNT OF \$ 0.00 DATED THIS 30th DAY OF July 2010 .

Check for \$146.49-Refund of Insurance & Retirement for Departing Officer

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7/28/10
11:58:05

PAYROLL CLAIM LISTING

PR054
PAGE 2

PERIOD ENDING 7/23/10

CHECK DATE 7/30/10

FEDERAL	OASDI	MEDICARE	STATE	LOCAL	VOL DED	ANNUITIES
		1.09	1.31	.31	75.50-	
RETIREMENT	CORP PAID RETIREMENT					
73.70-						

.....

--- GROSS BREAKDOWN BY FUND ---

FUND

TOTAL

7/28/10
11:58:10

PAYROLL DISTRIBUTION REPORT - FUND

PR051A/NICOLE
PAGE 1

** EMPLOYEE **

***** ACCOUNT *****

NUMBER NAME

NUMBER

AMOUNT

2232.00 MICHAEL J NOWORYTA 001 7000.00 110.00 000

POLICE: SALARIES - FULL TIME

COUNT 1 MALE 1 FEMALE 0

POLICE

COUNT 1 MALE 1 FEMALE 0

001 GENERAL FUND

COUNT 1 MALE 1 FEMALE 0

TOTAL GROSS PAYROLL

EMPLOYEE COUNT MALE FEMALE
1 1

***** FUND SUMMARY *****